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Facsimile Number: 703-872-9306

To: Examiner: K. GUHARAY
Group Art Unit 2879, USPTO

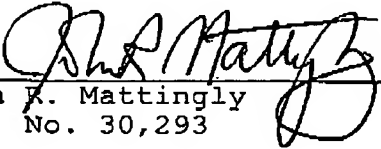
From: Mr. John R. Mattingly
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN: 10/089,170
Attorney Docket No.: NIT-336

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

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John R. Mattingly
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December 9, 2004

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FORM PTO-1083

PATENT

Case Docket No. NIT-336

In RE application of M. SAGAWA et al

Serial No.: 10/089,170

Group Art Unit: 2879

Filed: March 27, 2002

Examiner: K. GUHARAY

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For: ELECTRON SOURCE, METHOD OF MANUFACTURE THEREOF,
AND DISPLAY DEVICEAssistant Commissioner for Patents
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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total	* 32	Minus	** 32	- 0
Indep.	* 10	Minus	*** 10	- 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, write '20' in this space.
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 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.
- ☒ A check in the amount of \$ 0.00 is attached in payment of:
CREDIT CARD PAYMENT FORM FOR \$130.00 Term Discl.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: December 9, 2004

By:

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